

APR 01 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/765,449
Filing Date	01/27/2004
First Named Inventor	WILLIAM A WILES
Art Unit	3765
Examiner Name	
Total Number of Pages In This Submission	18
Attorney Docket Number	WILES -005

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscapes Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  POWER OF ATTORNEY NOTICE OF ABANDONMENT
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DONALD J LENKSZUS		
Signature	/Donald J Lenkszus/		
Printed name	DONALD J LENKSZUS		
Date	03/31/2005	Reg. No.	28.096

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Donald J Lenkszus/		
Typed or printed name	DONALD J LENKSZUS	Date	3/31/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800 PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008 OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**  
**FEE TRANSMITTAL**  
**For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$)</b>	<b>815</b>
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**Complete if Known**

Application Number	10/765,449
Filing Date	01/27/2004
First Named Inventor	WILLIAM A WILES
Examiner Name	
Art Unit	3785
Attorney Docket No	WILES-005

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify):

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.18 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	500
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP = 0	x 25	= 0

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-----------------	----------------------

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP = 0	x 100	= 0	

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification: \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): PETITION \$250 + SURCHARGE \$65

\$315

**SUBMITTED BY**

<u>Signature</u>	/Donald J Lenkszus/	<u>Registration No.</u> (Attorney/Agent) 28,000	<u>Telephone</u> 802-463-2010
Name (Print/Type)	DONALD J LENKSZUS		Date 3/31/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

USPTO 12/1/2004 6:29 PM PAGE 1/001 Fax Server  
TO:Auto-reply fax to 480 595 7695 COMPANY:

## Auto-Reply Facsimile Transmission



**TO:** Fax Sender at 480 595 7695

**Fax Information**

Date Received: 12/1/2004 6:27:03 PM [Eastern Standard Time]  
Total Pages: 2 (including cover page)

**ADVISORY:** This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received  
Cover  
Page  
=====>

Date 01 04 04, PB#	DONALD LENKSZUS	480-595-7695										
1 of 1												
<b>TRANSMITTAL FORM</b> <small>(For Official Use Only. See Instructions for Details.)</small>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Applicant Name: <b>DONALD LENKSZUS</b></td> <td style="width: 50%; padding: 5px;">Filing Date: <b>12/1/2004</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">First Name Surname: <b>LENKSZUS, DONALD</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">FD-36</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Customer Name: <b>LENKSZUS, DONALD</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Family Name Number: <b>1234567890</b></td> </tr> </table>			Applicant Name: <b>DONALD LENKSZUS</b>	Filing Date: <b>12/1/2004</b>	First Name Surname: <b>LENKSZUS, DONALD</b>		FD-36		Customer Name: <b>LENKSZUS, DONALD</b>		Family Name Number: <b>1234567890</b>	
Applicant Name: <b>DONALD LENKSZUS</b>	Filing Date: <b>12/1/2004</b>											
First Name Surname: <b>LENKSZUS, DONALD</b>												
FD-36												
Customer Name: <b>LENKSZUS, DONALD</b>												
Family Name Number: <b>1234567890</b>												
<b>ENCLOSURES</b> (Check all that apply)												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Application Form  <input type="checkbox"/> Re-Examination  <input type="checkbox"/> Assignment  <input type="checkbox"/> Service Mark  <input type="checkbox"/> Add. Information (Amend)  <input type="checkbox"/> Continuation or Division  <input type="checkbox"/> Cancellation Request  <input type="checkbox"/> Information Disclosure  <input type="checkbox"/> Certified Copy of Priority  <input type="checkbox"/> CPO-AIA-00  <input type="checkbox"/> Requests in Response to            Interference Application  <input type="checkbox"/> Requests in Abusing Prior            Under 37 CFR 1.14 - 1.15         </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Drawings  <input type="checkbox"/> Correspondence Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Motion or Letter to a            Person Acting as Agent  <input type="checkbox"/> Power of Attorney  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Waiver of Priority  <input type="checkbox"/> Request for Record  <input type="checkbox"/> ORA Member of USA  <input type="checkbox"/> Other _____         </td> </tr> </table>			<input type="checkbox"/> Application Form <input type="checkbox"/> Re-Examination <input type="checkbox"/> Assignment <input type="checkbox"/> Service Mark <input type="checkbox"/> Add. Information (Amend) <input type="checkbox"/> Continuation or Division <input type="checkbox"/> Cancellation Request <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> CPO-AIA-00 <input type="checkbox"/> Requests in Response to Interference Application <input type="checkbox"/> Requests in Abusing Prior Under 37 CFR 1.14 - 1.15	<input type="checkbox"/> Drawings <input type="checkbox"/> Correspondence Papers <input type="checkbox"/> Petition <input type="checkbox"/> Motion or Letter to a Person Acting as Agent <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Waiver of Priority <input type="checkbox"/> Request for Record <input type="checkbox"/> ORA Member of USA <input type="checkbox"/> Other _____								
<input type="checkbox"/> Application Form <input type="checkbox"/> Re-Examination <input type="checkbox"/> Assignment <input type="checkbox"/> Service Mark <input type="checkbox"/> Add. Information (Amend) <input type="checkbox"/> Continuation or Division <input type="checkbox"/> Cancellation Request <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> CPO-AIA-00 <input type="checkbox"/> Requests in Response to Interference Application <input type="checkbox"/> Requests in Abusing Prior Under 37 CFR 1.14 - 1.15	<input type="checkbox"/> Drawings <input type="checkbox"/> Correspondence Papers <input type="checkbox"/> Petition <input type="checkbox"/> Motion or Letter to a Person Acting as Agent <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Waiver of Priority <input type="checkbox"/> Request for Record <input type="checkbox"/> ORA Member of USA <input type="checkbox"/> Other _____											
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>												
Name: <b>DONALD J LENKSZUS</b>	Title: <b>Attorney</b>	Signature: 										
<b>CERTIFICATE OF TRANSMISSION BY MAIL</b>												
<p>I hereby certify that my correspondence is being transmitted by the U.S. Postal Service or the United States Patent and Trademark Office (USPTO) to the above named recipient in an envelope addressed to: DONALD J. LENKSZUS, P.O. Box 5400, Alexandria, VA 22313-5400 on <b>12/01/2004</b>.</p> <p>Recipient Name: <b>DONALD J LENKSZUS</b></p> <p>Signature: </p>												
<small>For more information on transmitting the form, call 1-800-773-8777 and select option 9.</small>												

PTO/165/21 (02-04)

Approved for use through 07/31/2008. OMB 0351-0031

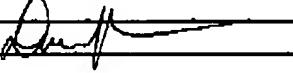
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>		Application Number	10/783,449
(To be used for all correspondence after initial filing)		Filing Date	01/27/2004
		First Named Inventor	WILLIAM A WILES
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	2	Attorney Docket Number	WILES-003

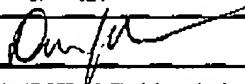
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Remarks</b>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	DONALD J LENKSZUS, PC
Signature	
Date	12/01/2004

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	DONALD J LENKSZUS	
Signature		Date 12/01/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Thursday, March 31, 2005 10:35 PM

DONALD LENKSZUS 480-595-7695

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CENTRAL FAX CENTER

p.09

APR 01 2005

Attorney Docket No.: WILES-005

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: :  
WILLIAM A WILES :  
Serial No. 10/765,449 :  
Filed: 01/27/2004 :  
Title: HELMET HEAD CUSHION

Commissioner of Patents and Trademarks  
PO BOX 1450  
Alexandria, VA 22312-1450

**STATUS REQUEST**

Please advise me as to the status of the above-identified application.

No filing receipt has been received. If a filing receipt and Notice of Missing Parts have been issued, please fax a copy to me at the fax number below.

I have made two telephonic inquiries to OIPE and have left messages both times and have received no response.

I am attorney of record in the application.

DONALD J. LENKSZUS, P.C.

Dated: December 1, 2004

By:   
DONALD J. LENKSZUS, Reg. No. 28,096  
P. O. BOX 3064  
CAREFREE, AZ 85377

Tel: 602-463-2010  
Fax 480-575-1321.

UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 AIA - COMMISIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

APPLICATION NUMBER	FILING OR 371(C) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/765,449	01/27/2004	William A. Wiles	WILES-005

**CONFIRMATION NO. 8575**  
**ABANDONMENT/TERMINATION**  
**LETTER**

\*OC000000015424089\*

Date Mailed: 03/10/2005

**NOTICE OF ABANDONMENT UNDER 37 CFR 1.53 (f) OR (g)**

The above-identified application is abandoned for failure to timely or properly reply to the Notice to File Missing Parts (Notice) mailed on 06/15/2004.

- No reply was received.

If a complete reply to the notice was previously filed by applicant within the time period set forth in the notice, applicant may request for reconsideration of the holding of abandonment within 2 months from the mailing of this notice of abandonment by filing a petition to withdraw the holding of abandonment under 37 CFR 1.181(a). No petition fee is required. The petition must be accompanied by a true copy of the originally filed reply and the item(s) identified in one of the following:

1. A properly itemized date-stamped postcard receipt (see MPEP § 503);
2. If the originally filed reply included a certificate of mailing or transmission in compliance with 37 CFR 1.8(a), a copy of the certificate of mailing or transmission and a statement in compliance with 37 CFR 1.8(b) (see MPEP § 55612); or
3. If the reply was filed via Express Mail, a submission satisfying the requirements of 37 CFR 1.10(e) including, for example, a copy of the Express Mail mailing label showing the "date-in" (see MPEP § 513).

Any petition to withdraw the holding of abandonment should be directed to OIPE.

If applicant did not previously file a complete reply within the time period set forth in the notice, applicant may file a petition to revive the application under 37 CFR 1.137.

Under 37 CFR 1.137(a), a petition requesting the application be revived on the grounds of UNAVOIDABLE DELAY must be filed promptly after the applicant becomes aware of the abandonment and such petition must be accompanied by: (1) an adequate showing of the cause of unavoidable delay; (2) the required reply to the above-identified Notice; (3) the petition fee set forth in 37 CFR 1.17(i); and (4) a terminal disclaimer if required by 37 CFR 1.137(d). See MPEP § 711.03(c) and Form PTO/SB/61.

Under 37 CFR 1.137(b), a petition requesting the application be revived on the grounds of UNINTENTIONAL DELAY must be filed promptly after applicant becomes aware of the abandonment and such petition must be accompanied by: (1) a statement that the entire delay was unintentional; (2) the required reply to the above-identified Notice; (3) the petition fee set forth in 37 CFR 1.17(m); and (4) a terminal disclaimer if required by 37 CFR 1.137(d). See MPEP § 711.03(c) and Form PTO/SB/64.

Page 2 of 2

Any questions concerning petitions to revive should be directed to the "Office of Petitions" at (703) 306-9282. Petitions should be mailed to: Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

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*A copy of this notice MUST be returned with the reply.*

*Z. Magus*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202  
PART 2 - COPY TO BE RETURNED WITH RESPONSE

### Notice of Abandonment

This application is abandoned in view of applicant's failure to timely file a proper reply to the Office notice mailed on 08/15/04.

#### Petition to Withdraw the Holding of Abandonment

If a complete reply to the notice was previously filed by applicant within the time period set forth in the notice, applicant may request for reconsideration of the holding of abandonment within 2 months from the mailing of this notice of abandonment by filing a petition to withdraw the holding of abandonment under 37 CFR 1.181(a). No petition fee is required. The petition must be accompanied by a true copy of the originally filed reply and the item(s) identified in one of the following:

1. A properly itemized date-stamped postcard receipt (see MPEP § 503);
2. If the originally filed reply included a certificate of mailing or transmission in compliance with 37 CFR 1.8(a), a copy of the certificate of mailing or transmission and a statement in compliance with 37 CFR 1.8(b) (see MPEP § 512); or
3. If the reply was filed via Express Mail, a submission satisfying the requirements of 37 CFR 1.10(e) including, for example, a copy of the Express Mail mailing label showing the "date-in" (see MPEP § 513).

Any petition to withdraw the holding of abandonment should be transmitted by facsimile directly to OIPE Customer Service at (703) 308-7751.

#### Petition to Revive an Abandoned Application

If applicant did not previously file a complete reply within the time period set forth in the notice, applicant may file a petition to revive the application under 37 CFR 1.137.

Under 37 CFR 1.137(a), a petition requesting the application be revived on the grounds of UNAVOIDABLE DELAY must be filed promptly after the applicant becomes aware of the abandonment and such petition must be accompanied by:

1. an adequate showing of the cause of unavoidable delay;
2. the required reply to the above-identified notice;
3. the petition fee set forth in 37 CFR 1.17(i); and
4. a terminal disclaimer if required by 37 CFR 1.137(d).

See MPEP § 711.03(c) and Form PTO/SB/61.

Under 37 CFR 1.137(b), a petition requesting the application be revived on the grounds of UNINTENTIONAL DELAY must be filed promptly after applicant becomes aware of the abandonment and such petition must be accompanied by:

1. a statement that the entire delay was unintentional;
2. the required reply to the above-identified notice;
3. the petition fee set forth in 37 CFR 1.17(m); and
4. a terminal disclaimer if required by 37 CFR 1.137(d).

See MPEP § 711.03(c) and Form PTO/SB/61.

Any questions concerning petitions to revive should be directed to Office of Petitions at (703) 305-9282.

Any questions regarding this notice should be directed to OIPE Customer Service at (703) 308-1202.

Customer Service Center  
Initial Patent Examination Division • 703-308-1292